

IN THE U.S. PATENT AND TRADEMARK OFFICE

Appl. No. : 10/526,699  
Applicant : Zheng, Haihong et al  
Filed : 08/06/2004  
Docket No. : 873.0158.U1(US)  
Customer No. : 29683  
Title : **QUALITY OF SERVICE SUPPORT AT AN INTERFACE BETWEEN  
MOBILE AND IP NETWORK**

PATENT MAINTENANCE  
DIVISION

2006 MAR 24 PM 2:50

US PATENT & TRADEMARK  
OFFICE

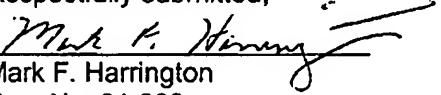
Mail Stop PCT  
Commissioner for Patents  
P.O. Box 1450  
Mail Stop 16  
Alexandria, VA 22313-1450

**Request for Refund**

Sir:

On February 24, 2006, our deposit account no. 50-1924 was charged a fee of \$200.00 for an extra independent claim. It is believed that this charge was made in error. The fee for the extra independent claims was included with the filing of the application in the form of a check.. Please see the attached cancelled check and a copy of the fee calculation sheet. Applicant's attorney paid for 26 total claims with four independent claims. Therefore, kindly credit our deposit account \$200.00.

Respectfully submitted,

  
Mark F. Harrington  
Reg. No. 31,686

3/15/06

Date

Customer No. 29683  
HARRINGTON & SMITH, LLP  
4 Research Drive  
Shelton, CT 06484-6212  
Phone: (203) 925-9400  
Facsimile: (203) 944-0245

**CERTIFICATE OF MAILING**

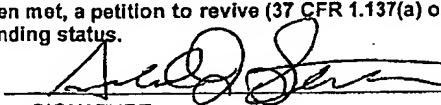
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail on the date shown below in an envelope addressed to:  
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(name of person mailing paper)

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U.S. APPLICATION NO (if known, see 37 CFR 1.5)		INTERNATIONAL APPLICATION NO. <b>PCT/US2004/025398</b>		ATTORNEY'S DOCKET NUMBER <b>873.0158.U1(US)</b>	
24. The following fees are submitted:				Applicant use	Office use
<input checked="" type="checkbox"/> a) Basic national fee ..... \$300.00 <input checked="" type="checkbox"/> b) Examination fee ..... \$200.00 <input checked="" type="checkbox"/> c) Search fee ..... <del>\$100.00</del> <b>TOTAL OF ABOVE CALCULATIONS =</b> \$1000.00				\$300.00	\$200.00
<input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof (round up to a whole)		RATE	
- 100 =	/50 =			x \$250.00	\$ 0.00
Surcharge of \$130.00 for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492(e)).				\$	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE		
Total claims	26	- 20 = 6	x \$50.00	\$ 300.00	
Independent claims	4	- 3 = 1	x \$200.00	\$ 200.00	
MULTIPLE DEPENDENT CLAIMS (if applicable) <input type="checkbox"/>				+ \$360.00	\$ 0.00
<b>TOTAL OF ABOVE CALCULATIONS =</b>				\$ 1,100.00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.				\$ 0.00	
<b>SUBTOTAL =</b>				\$ 1,100.00	
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).				\$ 0.00	
<b>TOTAL NATIONAL FEE =</b>				\$ 1,100.00	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40 per property +				\$ 0.00	
<b>TOTAL FEES ENCLOSED =</b>				\$ 1,100.00	
Amount to be refunded:					\$
Amount to be charged:					\$
a. <input checked="" type="checkbox"/> A check in the amount of \$ <u>\$1,100.00</u> to cover the above fees is enclosed. b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of _____ to cover the above fees. A duplicate copy of this sheet is _____. c. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>50-1924</u> . A duplicate copy of this sheet is enclosed. d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.					
SEND ALL CORRESPONDENCE TO:					
Harrington & Smith, LLP					
4 Research Drive					
Shelton, CT 06484-6212					
(203) 925-9400					
 SIGNATURE Gerald J. Stanton NAME 46,008 REGISTRATION NUMBER					

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**HARRINGTON & SMITH, LLP**

4 RESEARCH DRIVE  
SHELTON, CT 06484-6212

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**51-57-119**

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1873.0158-UI(US) application/EV 661448 567 US

Elaine & Max

Features included: **ED**, **Details on back.**

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Number of firms:	1,000
Value per firm:	\$1,000,000
Number of firms with more than \$1,000,000 in assets:	100
Value of these firms:	\$100,000,000
Number of firms with less than \$1,000,000 in assets:	900
Value of these firms:	\$900,000,000

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